

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 OCT 20 AM 11:27

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Elizabeth for MA, Inc.

ADDRESS (number and street)

P.O. Box 290568

Check if different
than previously
reported. (ACC)

Boston

MA

02129

2. FEC IDENTIFICATION NUMBER ▼

C C00500843

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

MA

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y
2015

through

M M /

D D /

Y Y Y Y Y Y
2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul Egeman

Signature of Treasurer

Date

M M /

D D /

Y Y Y Y Y Y
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)